



JC02 Rec'd PCT/PTO 20 JUN 2005 #3

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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/526,654 | |
| | Filing Date | 03/04/2005 | |
| | First Named Inventor | INSALACO, Robert W. | |
| | Group Art Unit | Not Assigned | |
| | Examiner Name | Not Assigned | |
| Total Number of Pages in This Submission | | Attorney Docket Number | HMI P1198US1 |

ENCLOSURES (check all that apply)

| | | |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts /Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 3 References, Postcard |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--|--|--|--|
| Firm or Individual Name | VARNUM, RIDDERING, SCHMIDT & HOWLETT LLP THOMAS L. LOCKHART | | |
| Signature | | | |
| Date | 6/17/05 | | |

CERTIFICATE OF MAILING

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| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: | | | |
| Typed or printed name | Courtney N. DeMann | | |
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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: INSALACO, Robert W.

For: RAIL SYSTEM

Serial No.: 10/526,654

Examiner: Not Assigned

Filed: March 4, 2005

Art Unit: Not Assigned

INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The references listed on the attached Form PTO/SB/08A are submitted herewith pursuant to 37 C.F.R. §1.97-1.98 in accordance with Applicant duty of disclosure as set forth at 37 C.F.R. §1.56. Copies of the listed references are enclosed herewith.

This Information Disclosure Statement is submitted prior to mailing of a first Office Action on the merits.

The submission of the accompanying information is not intended to imply that more pertinent prior disclosures may not exist, nor is it an admission by Applicant that any one or more of the documents submitted herewith form a part of the scope and content of the prior art.

Respectfully submitted,

ROBERT W. INSALACO

Date:

6/17/05

By

Thomas L. Lockhart

Thomas L. Lockhart, Reg. No. 29,324
VARNUM, RIDDERING, SCHMIDT & HOWLETT^{LLP}
Bridgewater Place
P.O. Box 352
Grand Rapids, Michigan 49501-0352
(616) 336-6000

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|--|---|-----------|---|-------------------------------|---------------------|
| Substitute for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary) | | | | Application Number | 26,654 |
| | | | | Filing Date | March 4, 2005 |
| | | | | First Named Inventor | Insalaco, Robert W. |
| | | | | Art Unit | |
| | | | | Examiner Name | |
| Sheet | 1 | Of | 2 | Attorney Docket Number | HMI P1198US1 |

U.S. PATENT DOCUMENTS

[illegible]

FOREIGN PATENT DOCUMENTS

| Examiner Initials* | Cite No. ¹ | <u>Foreign Patent Document</u> | | | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear | T ⁶ |
|-----------------------|--------------------------|--------------------------------|---------------------|---------------------------------------|--------------------------------|--|--|----------------|
| | | Country Code ³ | Number ⁴ | -Kind Code ⁵ (if known) | | | | |
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

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| Substitute for form 1449B/PTO | | | | Application Number | |
| INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i> | | | | Filing Date | |
| | | | | First Named Inventor | |
| | | | | Group Art Unit | |
| | | | | Examiner Name | |
| | | | | Attorney Docket Number | |
| Sheet | | Of | | | |

OTHER PRIOR ART -- NON PATENT LITERATURE DOCUMENTS

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|-----------------------|--|--------------------|--|
| Examiner Signature | | Date Considered | |
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.

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